

PATENT
450100-4982

UNITED STATES PATENT AND TRADEMARK OFFICE

**COPY OF PAPERS
ORIGINALLY FILED**

Applicant(s) : Akira OGINO et al.

Serial No. : 09/351,399

For : INFORMATION-SIGNAL PLAYBACK SYSTEM,
INFORMATION-SIGNAL READING
APPARATUS, INFORMATION-SIGNAL
PROCESSING APPARATUS, INFORMATION-
SIGNAL PLAYBACK METHOD,
INFORMATION-SIGNAL READING METHOD
AND INFORMATION-SIGNAL PROCESSING
APPARATUS

Filed : July 13, 1999

Examiner : H. Sough

Art Unit : 2161

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745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Assistant Commissioner for Patents, Washington,
DC 20231, on June 13, 2002.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

June 13, 2002

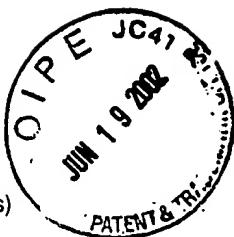
Date of Signature

AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

In response to the Office Action dated March 15, 2002, please amend the above-
identified application as follows:



2161

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450100-4982COPY OF PAPERS
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For : INFORMATION-SIGNAL PLAYBACK SYSTEM, INFORMATION-SIGNAL READING APPARATUS,
INFORMATION-SIGNAL PROCESSING APPARATUS, INFORMATION-SIGNAL PLAYBACK METHOD,
INFORMATION-SIGNAL READING METHOD AND INFORMATION-SIGNAL PROCESSING APPARATUS
Filed : July 13, 1999
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ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231
Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	62	Minus	= 62	0 x	\$18(9)	= \$00.00
Independent claims	12	Minus	= 12	0 x	\$84(42)	= \$.00
				Total additional fee for this amendment		\$.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$260 (\$130) has been previously paid __, or is paid herewith __.
- ☐ This response is being filed within the __ first month, __ second month, __ third month, __ fourth month following the expiration of the term originally set therefor, and the fee of __ \$110 (\$55), __ \$400 (\$200), __ \$920 (\$460), __ \$1,440 (\$720) for the requisite extension __ paid herewith.
- ☐ A check in the amount of \$.00 is attached.
- ☐ Charge \$__ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Assistant Commissioner for Patents
Washington, D.C. 20231, on June 13, 2002

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

June 13, 2002

Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By: Dennis M. Smid
Reg. No. 34,930
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